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| | | * .* | (A) | Jill Wol | e | | (Depotitor's nume) |
| | | | | /Jill Wol | e/ | | (Signeture) |
| | | | | September | 16, | 2009 | (Date) |
| APPLICATION NO. FILING DATE | | FIRST NAMED INVE | | OR | ATTO | NEY DUCKET NO. | CONFIRMATION NO |
| 10/525,543 08/11/2005 | | | Raymond Lillback | | 16-219 P/US | | 7907 |
| TITLE OF INVENTION | e: CONTROL VALVE A | SSEMBLY | | | | | |
| APPLN, TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE D | UE PREV. PAID (SS | JE PEE | TOTAL FEE(S) DUE | DATE DUE |
| nonprovisional | YES | \$755 | \$300 | \$0 | | \$1055 | 09/16/2009 |
| EXAMINER | | ART UNIT | CLASS-SUBCLASS | | | | |
| CECIL, TERRY K | | 1797 | 210-108000 | | | | |
| CFR 1.363). Change of correst Address form PTO/S. "Fee Address" ind PTO/SB/47; Rev 03-4 Number is required. ASSIGNEE NAME A PLEASE NOTE: Un recordation as set for (A) NAMIL OF ASSI | IND RESIDENCE DAT, less an assignee is ident th in 37 CFR 3.11. Com GNEE | inge of Correspondence Indication form and Use of a Customer A TO BE PRINTED QN. Thed below, no assignee pletion of this form is NO | (1) the names of u or agents OR, alten (2) the name of a s registered attorney 2 registered patent listed, no name will THE PATENT (print o data will appear on it T a substitute for filing (B) RESIDENCE: (C) | p to 3 registered pate intively, ingle firm (having as or agent) and the na attorneys or agents. I (be primed. (type) e patent. If an assig an assignment. ITY and STATE OR | a membe a membe nes of up i no name | entified below, the do | IDHEIM, COVEI |
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| a. Applicant claim | | as. See 37 CFR 1.27.XX | | | | | |
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